Louisiana Office of Public Health Laboratories	
Test Name	Captia™ Syphilis IgG EIA
PHL Location	Office of Public Health Laboratory Baton Rouge
CPT Code	86780
Synonyms	Syph G, Syphilis, *Treponema pallidum*, Treponema, Syphilis IgG
Brief Description of Test	Captia™ Syphilis IgG is an enzyme immunoassay for the qualitative detection of IgG antibodies in serum to *Treponema pallidum*, the agent of syphilis. This test is to be used in conjunction with non-treponemal testing to provide serological evidence of infection with *Treponema pallidum*.
Possible Results	Nonreactive Equivocal Reactive
Reference Range	Nonreactive
Specimen Type	Serum
Specimen Container(s):	Red top tubes, Marble top tubes, polypropylene vials
Minimum volume accepted:	210 µL (does not allow for repeat testing)
Collection Instructions	Blood should be collected in a plastic, sterile STD Program approved collection tube. Please follow the manufacturer's instructions on clot time requirements and centrifuge speed/ time requirements. Label specimen with Patient Name and a 2nd Unique Identifier such as a chart number or medical record number. DOB is not considered unique. Complete a STD/HIV Lab Form for each specimen or order test in StarLIMS. Lab submission form must be thoroughly completed with patient's first and last name, 2nd patient identifier, gender, date of birth, date and time of collection, specimen source, test requested, submitter's name, address, fax and contact number. Additional information regarding patients' address is requested. Transport specimen to laboratory as soon as possible after collection. Keep submission forms insulated from specimens.

Storage and Transport Instructions	Specimens must be shipped refrigerated (2-8°C) and can be stored for up to 5 days. For longer storage, serum should be poured into a sterile screw cap tube and be frozen at -20°C or colder. Frozen specimens must be shipped on dry ice and received at a temperature of -20°C or colder. If a specimen is frozen, indicate the Date/Time specimen was frozen on the lab form or the LIMS manifest.
Causes for Rejection	Hemolyzed, lipemic, or icteric specimens must be rejected. Improper labeling, expired collection tubes , unspun samples, tubes that contain less than 90% of the total drawing capacity (QNS), specimen age >5 days if specimen has not been frozen at -20°C or colder. Improper storage and improper transport temperature requirements are also reasons for rejection.
Limitations of the Procedure	Results from Syphilis IgG EIA should be considered in the context of all available clinical and laboratory data. A nonreactive result does not preclude the possibility of a very recent infection (within the last 2-3 weeks) or an old successfully cured infection (for example >10 years previous). Syphilis IgG EIA may be reactive with sera from patients with Yaws or Pinta. Detection of treponemal antibodies may indicate recent, past, or successfully treated syphilis infection, therefore, the test cannot be used to differentiate between active and cured cases. Any sera giving reactive or equivocal results must be supplemented with a quantitative non treponemal test (such as RPR or VDRL) to distinguish active disease and assist in ruling out false positives. The Syphilis IgG EIA is a treponemal assay; therefore patients with previously treated syphilis will be positive on the assay. AIDS patients with impaired immunity and who are coinfected with syphilis may react falsely nonreactive in treponemal and nontreponemal tests. Reactive treponemal IgG antibody tests usually remain reactive for a lifetime; therefore the presence of antibody cannot be used to determine response to therapy.
Interfering Substances	Grossly hemolyzed, lipemic, or icteric specimens
References	Captia™ Syphilis IgG EIA package Insert EVOLIS™ Operator Manual
Additional Information	Samples that are initially equivocal or reactive will be reflexed to VDRL testing.
Release Date	03/15/2016
Warning: If you have printed a copy of this information please be advised that the Louisiana Office of Public Health Laboratories website and methods are updated on a regular basis. Please check the on-line version of this document to ensure you are relying on the most recent release.	